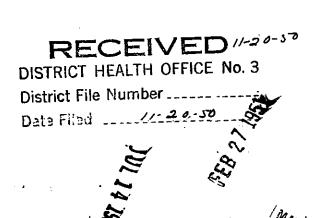
S. No.300	FILED NOV 2	1 1950	STANDARD CERTI	394. Sile No.	39496					
,	BIRTH NO.		REG. DIST. NO. 324	PRIMARY REG. DIST. I	10. 3072 Reg	istrar's No.	2.2			
0972	I. PLACE OF DE	ath line		a. STATE Misson	NCE (Where deceased	tived. If institution: DUNTY Saline	residence before admission)			
	11	shall	township) STAY (in this place	" town Mars	nate limits, write RURAL	and give township)	972			
RECORD	INSTITUTION	(If not in hospital or in Fitzgibb	institution, give street address or location) on Mem. Hospital	d. STREET ADDRESS 869	of read, give location) S. Redman					
	3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) REID	c. (Last) NAPTON	4. DATE OF DEATH	(Month) (Day) Nov. 13	•			
ANEN	11 5 1	color or race White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Feb. 11, 18	9. AGE (In your last birthday 6.7		F UNDER M SES.			
PERMANENT	10a. USUAL OCCUPATION done during most of work Advertisi	ing life, even if retired)			r foreign country)	12. CITI COUN U.S	ZEN OF WHAT			
₹	13a. FATHER'S NAME W.B. Nap	ton Jr.	136. MOTHER'S MAIDE	HAME lell Shelby	14. NAME OF HUSBAI Mrs. J.R.					
MAKE	15. WAS DECEASED EVE (Yes, 20, or unknown) (I	R IN U.S. ARMED	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT'S	SIGNATURE OR Napton	Marsha	DDRESS			
INK—	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I, DISEASE OR C DIRECTLY LEAD	ONDITION ONDITION ON DEATH*(a)	MAM DC	Clusy	ONSTANDEA				
A CK	*This does not mean the mode of dying, such as heart failure, asthenia.	ANTECEDENT C. Morbid condition rise to the above c	s. if any, civing DUE TO (b)							
G BL	etc. It means the dis- case, injury, or complica- tion which caused death,	the underlying con	DUE TO (c)	Musur						
ADIN		Conditions contril related to the disea	FICANT CONDITIONS buting to the death but not use or condition causing death.			4:01				
UNFADING	19a. DATE OF OPERA- TION	19b. MAJOR FINI	DINGS OF OPERATION			20. ÂU YES	TOPSY7			
-USING	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TO	OWNSHIP) (C	OUNTY) (S	STATE)			
.1 1	21d. TIME (Month) OF INJURY	(Day) (Year) (Hour) 21e. INJURY OCCURRED WHILEAT NOT WHILE WORK AT WORK	21f. HOW DID INJURY O	CCUR7					
·	22. I hereby certify that I attended the deceased from 1 12 1850, to 17 19 50 hat I last saw the deceased alive on 143, 1950, and that death occurred at 6:05 m., from the gauses and on the date stated above.									
	23a. SIGNATIVE	hun	(Degree of title)	236. ADDRESS : Marshall	L, Mo.	23c. DA	TE SIGNED			
WRITE	24a. BUBIAL, CREMA TION REMOVAL (Breating)	1	24c. NAME OF CEMETER ,1950 Ridge Par	k Cem	d. LOCATION (City, to Marshall,		(State)			
	DATE REC'D BY LOCAL REG	REGISTRAR'S S	IGNATURE 386	3. FUNERAL DIRECTO	on's signature where	Adoress (arshall,	Mo.			
	,		(Licensed Embalmer's	itatement on Reverse Side)						



STATEMENT BY LICENSED EMBALMER

I ner	eby certily	that the boo	dy whose name	is recorded	on the reverse	side of	this certifi	cate was	embalmed	by me, or	r by
			***************************************	**** ***************							
	•						Stude	ant Emba	Lane No.		

working under my personal supervision.

Joseph R. Mackler

·

P. O. Address M. Grafall One

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

cation of neense.)

If this body is not embalmed, fact should be so stated above.